

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT BY

081591651

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			X			
2	1		X			
3	1		X			
4	1		X			
5	1		1			
6	1		1			
7	1		X			
8	1		1			
9	1		X			
10	1		1			
11	1		1			
12	1		X			
13	1		X			
14	1		X			
15	1		X			
16	1		X			
17	1		X			
18	1		X			
19	1		X			
20	1		X			
21	1		X			
22	1		X			
23	1		X			
24	1		X			
25	1		X			
26	1		X			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		X			
32	1		1			
33	1		1			
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1		X			
46	1					
47	1		X			
48	1		X			
49	1					
50	1					
TOTAL IND.	12	23				
TOTAL DEP.						

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		1	
62	1		1		1	
63	1		1		1	
64	1		1		1	
65	1		1		1	
66	1		1		1	
67	1		1		1	
68	1		1		1	
69	1		1		1	
70	1		1		1	
71	1		1		1	
72	1		1		1	
73	1		1		1	
74	1		1		1	
75	X		1		1	
76	X		1		1	
77	X		*		1	
78	*		*		1	
79	*		1		1	
80	1		*		1	
81	1		*		1	
82	1		XX		1	
83	1		XX		1	
84	1		XX		1	
85	1		XX		1	
86	1		XX		1	
87	1		XX		1	
88	1		1		1	
89	*		1		1	
90	1		1		1	
91	1		1		1	
92	1		1		1	
93	1		1		1	
94	1		1		1	
95	1		1		1	
96	1		1		1	
97	1		1		1	
98	1		1		1	
99	1		1		1	
100	2	1	1	1	1	1
TOTAL IND.	49	1	88	2	33	
TOTAL DEP.						

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